DOGS NSW | CHANGE OF NAME

SERVICE & DELIVERY

- ☐ COLLECT FROM DOGS NSW OFFICE
- ☐ POST
- ☐ EXPRESS POST
- ☐ 1 HOUR EXPRESS
- ☐ 24 HOUR EXPRESS
- ☐ EMAIL DIGITAL COPIES

(Select either Collect or Post for all options, see Scale of Charges for fees applicable)

I / we hereby apply to change the name of the below dog and note DOGS NSW Regulations Part 1, Clause 8.4. The following check list is to be completed to ensure your application is correct and contains all documents required when submitting to the office.

CHECKLIST

- ☐ This application is required to be lodged before the dog reaches three (3) months of age
- ☐ Original Certificate of Registration and Pedigree to be attached to this application
- ☐ Have the Breeders signed this application giving approval of the name change?
- ☐ Have all Registered Owners signed this application?
- ☐ The new name applied for complies with Regulations 8.1 and 8.2 of this Part.

DOG DETAILS

Breed:

Registration No:

Current Registered Name:

Breeder:

Membership No:

APPLICATION

I / We:

being the registered owner(s) of the above dog, make application to change the common name to:

SIGNATURES Please ensure you sign in both positions if you are the Breeder/Owner

All Signature(s) – Owner/s: *Use Adobe Reader to click here and sign digitally*

Date:

All Signature(s) – Breeder/s: *Use Adobe Reader to click here and sign digitally*

Date:

PAYMENT METHOD Select one • check "Scale of Charges" for current fees

OPTION 1 ☐ **Paid via DOGS NSW Secure Payment Portal**

Payment to be made at **www.dogsnsw.org.au/payments**

OPTION 2 ☐ **Bank transfer**

Please include a copy of payment with your application. Use your invoice or membership number as the reference.

Account	**DOGS NSW**	BSB	**062-597**
Bank	**CommBank**	Acc No.	**10254964**

OPTION 3 ☐ **Invoice me**

DOGS NSW will issue an invoice for the fees payable on this application. Include the email address you would like the invoice sent to.

EMAIL INVOICE TO

OPTION 4 ☐ **Credit card** Please charge my credit card

CARD TYPE ☐ Mastercard ☐ Visa

CARD NUMBER

EXPIRY (MM/YY)

CCV

AMOUNT ($)

SIGNATURE OF CARDHOLDER *Use Adobe Reader to click here and sign digitally*

DATE (DD/MM/YYYY)

HOW TO LODGE

Send your completed form to

EMAIL
Email this form to
info@dogsnsw.org.au

POST
Post to
DOGS NSW, PO Box 632, St Marys NSW 1790

PHONE
Enquiries
(02) 9834 3022